

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

CAMPAIGN FOR WORKING FAMILIES

ADDRESS (number and street)

2800 SHIRLINGTON ROAD, SUITE 930

Check if different
than previously
reported. (ACC)

ARLINGTON

VA

22206

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00325076

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☒ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

11

08

2016

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2016

through

10

19

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Velezis, Dorie, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Velezis, Dorie, , ,

[Electronically Filed]

Date

10

27

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016 | | 359098.56 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 384611.66 | |
| (c) Total Receipts (from Line 19) | 21422.29 | 277082.35 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 406033.95 | 636180.91 |
| 7. Total Disbursements (from Line 31)..... | 13540.37 | 243687.33 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 392493.58 | 392493.58 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 5499.62 | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 0 | 1 | | 2 | 0 | 1 | 6 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 1 | 9 | | 2 | 0 | 1 | 6 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 10690.01 | 187011.07 |
| (ii) Unitemized | 10724.28 | 76987.58 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 21414.29 | 263998.65 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 21414.29 | 263998.65 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 8.00 | 13083.70 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 21422.29 | 277082.35 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 21422.29 | 277082.35 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 9913.21 | 206300.17 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 9913.21 | 206300.17 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 28500.00 |
| 24. Independent Expenditures (use Schedule E) | 3587.16 | 3822.16 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 40.00 | 65.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 40.00 | 65.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 5000.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 13540.37 | 243687.33 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 13540.37 | 243687.33 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 21414.29 | 263998.65 |
| 34. Total Contribution Refunds (from Line 28(d)) | 40.00 | 65.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 21374.29 | 263933.65 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 9913.21 | 206300.17 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 9913.21 | 206300.17 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. AYRES, CHARLES, D, MR,

Mailing Address 4911 CASA ORO DR

City
YORBA LINDA

State
CA

Zip Code
92886

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2016

Transaction ID : SA11AI.19995

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BATCHELDER, ORVELLA, M, MRS,

Mailing Address 2205 HADDINGTON RD

City
ROSEVILLE

State
MN

Zip Code
55113

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NA

Occupation (for Individual)
RETIRED

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2016

Transaction ID : SA11AI.19814

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BISHOP, GARY, R, DR,

Mailing Address 15144 LARRY ST

City
POWAY

State
CA

Zip Code
92064

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RIVERSIDE COUNTY

Occupation (for Individual)
PHARMACIST

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2016

Transaction ID : SA11AI.19980

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

185.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.19995
0103804-0000322

Form/Schedule: SA11AI
Transaction ID: SA11AI.19814
0067804-0000162

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.19980

0009108-0000305

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BOLLINGER, PHIL, , MR,

Mailing Address 1901 CANTERBURY COURT CV

City
CORDOVAState
TNZip Code
38016FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ST FRANCIS HOSPOccupation (for Individual)
IT MANAGER

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 13 / 2016

Transaction ID : SA11AI.19760

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BOSS, RONALD, A, MR,

Mailing Address 13202 WORD OF LIFE DR

City
HUDSONState
FLZip Code
34669FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 12 / 2016

Transaction ID : SA11AI.19735

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BOSS, RONALD, A, MR,

Mailing Address 13202 WORD OF LIFE DR

City
HUDSONState
FLZip Code
34669FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 18 / 2016

Transaction ID : SA11AI.19736

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

100.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.19760
0108922-0000118

Form/Schedule: SA11AI
Transaction ID: SA11AI.19735
0029376-0000095

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.19736
0029376-0000096

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRISTOL, TERRY, O, MR,

Mailing Address 1304 DUFF DR STE 2 OFC 5

City
FORT COLLINS

State
CO

Zip Code
80524

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
344E FOOTHILLS PARKWAY FC COLORADO

Occupation (for Individual)
ASSET MGR

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2016

Transaction ID : SA11AI.19928

Amount of Each Receipt this Period

38.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BROOKS, DEL, C, MR,

Mailing Address 12789 MUIRFIELD BLVD N

City
JACKSONVILLE

State
FL

Zip Code
32225

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SMURFIT STORE CONT. CORP

Occupation (for Individual)
GEN MGR

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2016

Transaction ID : SA11AI.19719

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BROWN, WENDELL, , MR,

Mailing Address 300 N FILLMORE ST

City
ARLINGTON

State
VA

Zip Code
22201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 12 / 2016

Transaction ID : SA11AI.19663

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

138.00

TOTAL This Period (last page this line number only).....▶

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.19928
0024811-0000256

Form/Schedule: SA11AI
Transaction ID: SA11AI.19719
0012784-0000082

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.19663

0107255-0000030

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BURAK, STEPHEN, , ,

Mailing Address 2580 STONERIDGE DR

City
COLORADO SPRINGS

State
CO

Zip Code
80919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CRU

Occupation (for Individual)
SPORT MINISTRY

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.19934

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COOLEY, RICHARD, E, MR,

Mailing Address 617 KESTREL CT

City
WOODSTOCK

State
VA

Zip Code
22664

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
RETIRED

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2016

Transaction ID : SA11AI.19664

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CORAM, HENRY, , ,

Mailing Address 720 COUNTY ROAD 200B

City
BURNET

State
TX

Zip Code
78611

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WIFE

Occupation (for Individual)
RETIRED

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2016

Transaction ID : SA11AI.19914

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.19934
0111144-0000260

Form/Schedule: SA11AI
Transaction ID: SA11AI.19664
0001316-0000031

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.19914
0104331-0000245

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COSTYN, DIANE, , MRS,

Mailing Address 1408 STONE STEWART RD

City
HULL

State
GA

Zip Code
30646

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF GEORGIA

Occupation (for Individual)
ADVISOR

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.19717

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CRANE, RON, , MR,

Mailing Address 552 W BAYHILL DR

City
NAMPA

State
ID

Zip Code
83686

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STATE OF IDAHO

Occupation (for Individual)
STATE TREASURER

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2016

Transaction ID : SA11AI.19937

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DAVIES, MAUREEN, , MRS,

Mailing Address 2249 VIA VERDE

City
EL CAJON

State
CA

Zip Code
92019

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2016

Transaction ID : SA11AI.19976

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.19717
0003407-0000080

Form/Schedule: SA11AI
Transaction ID: SA11AI.19937
0108710-0000263

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.19976

0107988-0000300

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIERDORFF, TODD, , ,

Mailing Address 6631 FOXDALE CIR

City
 COLORADO SPRINGS

State
 CO

Zip Code
 80919

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 N/A

Occupation (for Individual)
 RETIRED

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 17 / 2016

Transaction ID : SA11AI.19935

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DYRUD, GWEN, , ,

Mailing Address 1720 E GARRY AVE STE 110

City
 SANTA ANA

State
 CA

Zip Code
 92705

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 GARRY PLAZA

Occupation (for Individual)
 OFFICE MANAGE

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 19 / 2016

Transaction ID : SA11AI.19993

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EARDLEY, NANCY, , ,

Mailing Address 1441 SANDY POINT AVE SE

City
 GRAND RAPIDS

State
 MI

Zip Code
 49545

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 THEM

Occupation (for Individual)
 SALES

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 18 / 2016

Transaction ID : SA11AI.19795

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

225.00

TOTAL This Period (last page this line number only).....▶

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.19935

0110955-0000261

Form/Schedule: SA11AI

Transaction ID: SA11AI.19993

0107201-0000319

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.19795
0112176-0000147

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EYESTONE, MAYNARD, , ,

Mailing Address 2803 E WINGER RD

City
MEAD

State
WA

Zip Code
99021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/A

Occupation (for Individual)
RETIRED

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2016

Transaction ID : SA11AI.20043

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FLEISCHMAN, RON, B, MR,

Mailing Address 171 HERITAGE PKWY W

City
DECATUR

State
TX

Zip Code
76234

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CDI

Occupation (for Individual)
BUSINESS OWNER

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

528.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2016

Transaction ID : SA11AI.19888

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FRIEND, FRANCIS, L, MR,

Mailing Address 2125 LUANN LN APT 6

City
MADISON

State
WI

Zip Code
53713

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WPS HEALTH SOLUTIONS

Occupation (for Individual)
MANAGER

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2016

Transaction ID : SA11AI.19804

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.20043

0111489-0000363

Form/Schedule: SA11AI

Transaction ID: SA11AI.19888

0103698-0000220

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.19804

0100234-0000155

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FULLMER, JAMES, , MR,

Mailing Address 2552 WALNUT AVE STE 230

City
TUSTINState
CAZip Code
92780FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
REAL ESTATE

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2016

Transaction ID : SA11AI.19994

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GARNER, WAYNE, , MR,

Mailing Address 236 CROSS COUNTRY DRIVE

City
HEWITTState
TXZip Code
76643FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
TEACHER

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 10 / 2016

Transaction ID : SA11AI.19891

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GUSTKE, CARL, W, MR,

Mailing Address 233 STATON RD

City
CABOTState
ARZip Code
72023FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FEDERAL EX - (WIFE) REBSAMEN R. H.Occupation (for Individual)
PILOT - WIFE DEBORAH-RN

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2016

Transaction ID : SA11AI.19858

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

1075.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.19994

0106483-0000320 Excess contribution of \$1,000 - paperwork sent to refund or redesignate. Not received, will file accordingly upon receipt.

Form/Schedule: SA11AI
Transaction ID: SA11AI.19891
0100558-0000222

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.19858

0022519-0000199

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARE, MYRA, K, MRS,

Mailing Address 773 COLUMBIA ROAD

City
WASHBURN

State
IL

Zip Code
61570

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 13 / 2016

Transaction ID : SA11AI.19839

Amount of Each Receipt this Period

120.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARRIS, BETH, L, MRS,

Mailing Address 705 PINE PL

City
WESTBY

State
WI

Zip Code
54667

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2016

Transaction ID : SA11AI.19808

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HIERONYMUS, MARK, E, MR,

Mailing Address 3595 PROVIDENT CT

City
MOBILE

State
AL

Zip Code
36608

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

HIERONYMUS CPAS- LLC

Occupation (for Individual)

HIERONYMUS CPAS- LLC

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2016

Transaction ID : SA11AI.19750

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

270.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.19839
0111953-0000182

Form/Schedule: SA11AI
Transaction ID: SA11AI.19808
0101718-0000158

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.19750

0103581-0000109

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 96
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOWIE, CLAYTON, L, MR,

Mailing Address 1673 POPLAR LN

City
CAMANO ISLAND

State
WA

Zip Code
98282

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE SEATTLE TIMES

Occupation (for Individual)
DISTRICT MANAGER

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.20039

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNSON, ALDEN, P, MR,

Mailing Address 5010 LA BARRANCA ST

City
SAN ANTONIO

State
TX

Zip Code
78233

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
MORTGAGE LOAN OFFICER

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2016

Transaction ID : SA11AI.19912

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JURISOO, PANDORA, , MRS,

Mailing Address 136 FOXRIDGE DR

City
HARVEST

State
AL

Zip Code
35749

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/A

Occupation (for Individual)
HOMEMAKER

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.19744

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.20039
0100387-0000359

Form/Schedule: SA11AI
Transaction ID: SA11AI.19912
0104518-0000243

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.19744

0106943-0000103

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KAZMIERZAK, JAMES, J, MR,

Mailing Address 11808 EAGLE VIEW CT

City
FORT WAYNE

State
IN

Zip Code
46814

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
SALES

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 13 / 2016

Transaction ID : SA11AI.19780

Amount of Each Receipt this Period

122.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KERKSTRA, HENDRIK, , MR,

Mailing Address 1224 ATWATER ST

City
CHULA VISTA

State
CA

Zip Code
91913

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 13 / 2016

Transaction ID : SA11AI.19973

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KRAUSE, JOSEPH, , MR,

Mailing Address PO BOX 189

City
WILLCOX

State
AZ

Zip Code
85644

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
ENGINEER

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2016

Transaction ID : SA11AI.19948

Amount of Each Receipt this Period

150.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

302.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.19780
0111250-0000135

Form/Schedule: SA11AI
Transaction ID: SA11AI.19973
0103362-0000297

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.19948

0108807-0000274

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 96

(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KRAUSE, JOSEPH, , MR,

Mailing Address PO BOX 189

City
WILLCOXState
AZZip Code
85644FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
ENGINEER

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 18 | | 2016 |

Transaction ID : SA11AI.19949

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KRAUSE, JOSEPH, , MR,

Mailing Address PO BOX 189

City
WILLCOXState
AZZip Code
85644FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
ENGINEER

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2325.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 19 | | 2016 |

Transaction ID : SA11AI.19950

Amount of Each Receipt this Period

125.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KUESTER, BOYD, , ,

Mailing Address 260 S STEWART ST

City
NORTH LIBERTYState
IAZip Code
52317FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ESSENCE OF LIFE HOSPICEOccupation (for Individual)
CHAPLAIN/PASTOR

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 11 | | 2016 |

Transaction ID : SA11AI.19797

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

475.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.19949

0108807-0000275

Form/Schedule: SA11AI

Transaction ID: SA11AI.19950

0108807-0000276

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.19797

0111301-0000149

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LA FLEUR, ROBERT, , DR,

Mailing Address 2401 OKEMOS DR SE

City
GRAND RAPIDS

State
MI

Zip Code
49506

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EMERGENCY CARE SPECIALISTS

Occupation (for Individual)
PHYSICIAN

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.19793

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LOVE, WANDA, , ,

Mailing Address PO BOX 273

City
ETOWAH

State
NC

Zip Code
28729

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HENDERSON COUNTY PUBLIC SCHOOLS

Occupation (for Individual)
RETIRED EDUCATOR

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2016

Transaction ID : SA11AI.19688

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MATHEW, JAMES, , MR,

Mailing Address 10576 W DASON DR

City
BOISE

State
ID

Zip Code
83704

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MICRON TECHNOLOGY

Occupation (for Individual)
ENGINEER

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2016

Transaction ID : SA11AI.19938

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.19793
0106854-0000144

Form/Schedule: SA11AI
Transaction ID: SA11AI.19688
0108065-0000054

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.19938

0101158-0000265

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCCONNELL, BONNIE, , MRS,

Mailing Address 6960 CITRUS DRIVE

City
SEMINOLE

State
FL

Zip Code
33772

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PUBLIC SCHOOL SYSTEM

Occupation (for Individual)
TEACHER

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 03 / 2016

Transaction ID : SA11AI.19729

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MEINHARDT, JULIE, , ,

Mailing Address 3139 AYCOCK RD

City
COTTONDALE

State
FL

Zip Code
32431

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED CONSULTANT

Occupation (for Individual)
PROJECT MANAGER

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 12 / 2016

Transaction ID : SA11AI.19721

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MITCHELL, ROBERT, L, MR,

Mailing Address 4127 BEECHWOOD DR NW

City
ATLANTA

State
GA

Zip Code
30327

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
APPLIED CERAMICS

Occupation (for Individual)
ENGINEER

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.19703

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

730.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.19729
0108135-0000090

Form/Schedule: SA11AI
Transaction ID: SA11AI.19721
0104467-0000084

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.19703

0101506-0000067

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 96
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOREY, KARMAN, , MR,

Mailing Address 905 CRESCENT BLVD

City
GLEN ELLYN

State
IL

Zip Code
60137

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SEIZE THE DAY- INC.

Occupation (for Individual)
LIFE COACH

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.19835

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MORSE, CONRAD, , MR,

Mailing Address 3508 SOUTHVILLAGE DR

City
MEDFORD

State
OR

Zip Code
97504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 13 / 2016

Transaction ID : SA11AI.20026

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NEWTON, JEAN, , ,

Mailing Address 1330 COOSA RIVER RD

City
DEATSVILLE

State
AL

Zip Code
36022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2016

Transaction ID : SA11AI.19746

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1275.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.19835

0101748-0000178

Form/Schedule: SA11AI

Transaction ID: SA11AI.20026

0102370-0000350

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.19746

0106562-0000105

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 96
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NICHOLS, JOHN, , MR, JR

Mailing Address 1654 LA JOLLA RANCHO RD

City
LA JOLLA

State
CA

Zip Code
92037

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
SELF

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 12 / 2016

Transaction ID : SA11AI.19978

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NICHOLS, JOHN, , MR, JR

Mailing Address 1654 LA JOLLA RANCHO RD

City
LA JOLLA

State
CA

Zip Code
92037

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
SELF

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2016

Transaction ID : SA11AI.19979

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NOBLE, ELIZABETH, J, MRS,

Mailing Address 4015 OAK HARBOUR CIR

City
GAINESVILLE

State
GA

Zip Code
30506

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
INDEPENDENT CONSULTANT

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2016

Transaction ID : SA11AI.19707

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.19978
0105158-0000302

Form/Schedule: SA11AI
Transaction ID: SA11AI.19979
0105158-0000303

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.19707

0083557-0000071

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 96
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NOBLE, ELIZABETH, J, MRS,

Mailing Address 4015 OAK HARBOUR CIR

City
GAINESVILLE

State
GA

Zip Code
30506

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
INDEPENDENT CONSULTANT

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2016

Transaction ID : SA11AI.19708

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NOBLE, ELIZABETH, J, MRS,

Mailing Address 4015 OAK HARBOUR CIR

City
GAINESVILLE

State
GA

Zip Code
30506

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
INDEPENDENT CONSULTANT

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2016

Transaction ID : SA11AI.19709

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NOBLE, ELIZABETH, J, MRS,

Mailing Address 4015 OAK HARBOUR CIR

City
GAINESVILLE

State
GA

Zip Code
30506

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
INDEPENDENT CONSULTANT

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.19710

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.19708
0083557-0000072

Form/Schedule: SA11AI
Transaction ID: SA11AI.19709
0083557-0000073

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.19710
0083557-0000074

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 57 OF 96
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PACK, MIKE, , MR,

Mailing Address 2741 DE LA BRIANDAIS CT

City
PINOLEState
CAZip Code
94564FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 11 | | 2016 |

Transaction ID : SA11AI.20004

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PARTIN, ANNE, , MRS,

Mailing Address 256 FOXHUNT LN

City

HENDERSONVILLE

State

NC

Zip Code

28791

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOT APPLICABLEOccupation (for Individual)
HOMEMAKER

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 18 | | 2016 |

Transaction ID : SA11AI.19689

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PETERSON, GORDON, , MR,

Mailing Address 3856 CALLE DEL ESTABLO

City

SAN CLEMENTE

State

CA

Zip Code

92672

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
LAWYER

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 19 | | 2016 |

Transaction ID : SA11AI.19992

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

650.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.20004
0012630-0000330

Form/Schedule: SA11AI
Transaction ID: SA11AI.19689
0106804-0000055

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.19992

0009209-0000318

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 96
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PHELPS, ROGER, , ,

Mailing Address 7921 N TUSCANY DRIVE

City
TUSCANY

State
AZ

Zip Code
85742

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2016

Transaction ID : SA11AI.19953

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. POPE, DAVID, G, MR,

Mailing Address PO BOX 8823

City
HORSESHOE BAY

State
TX

Zip Code
78657

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED CPA

Occupation (for Individual)
RETIRED

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2016

Transaction ID : SA11AI.19915

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. REES, THOMAS, , ,

Mailing Address PO BOX 479

City
HEMPSTEAD

State
TX

Zip Code
77445

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OCCIDENTAL OIL AND GAS

Occupation (for Individual)
ENGINEER

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2016

Transaction ID : SA11AI.19901

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.19953
0112141-0000280

Form/Schedule: SA11AI
Transaction ID: SA11AI.19915
0105049-0000246

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.19901

0106367-0000231

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RIGGS, PAUL, A, DR,

Mailing Address 206 KEOMAH VLG

City
OSKALOOSAState
IAZip Code
52577FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MAHASKA HEALTH PARTNERSHIPOccupation (for Individual)
PHYSICIAN

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2016

Transaction ID : SA11AI.19798

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHARPF, BEVERLY, ANN, MRS,

Mailing Address 10819 SW CANTERBURY LN STE 101

City
TIGARDState
ORZip Code
97224FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2016

Transaction ID : SA11AI.20022

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SIMANDLE, WARREN, , Mr.,

Mailing Address 2322 VISTA MADERA

City
SANTA BARBARAState
CAZip Code
93101FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SANTA BARBARA HIGH SCHOOL DISTOccupation (for Individual)
PUBLIC SCHOOL TEACHER

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2016

Transaction ID : SA11AI.19997

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

225.00

TOTAL This Period (last page this line number only).....▶

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.19798

0005704-0000150

Form/Schedule: SA11AI

Transaction ID: SA11AI.20022

0001231-0000347

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.19997
0009367-0000324

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SKINNER, RICK, B, MR,

Mailing Address 19111 SCENIC HIGHWAY 98

City
FAIRHOPE

State
AL

Zip Code
36532

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

RETIRED ENGINEER

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2016

Transaction ID : SA11AI.19749

Amount of Each Receipt this Period

25.01

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SMITH, DEBORAH, E, MRS,

Mailing Address 3360 E TERRELL BRANCH CT SE

City
MARIETTA

State
GA

Zip Code
30067

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HOMEMAKER

Occupation (for Individual)
HOMEMAKER

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2016

Transaction ID : SA11AI.19699

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SMITH, LINDA, C, MRS,

Mailing Address 17618 REXWOOD ST

City
LIVONIA

State
MI

Zip Code
48152

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ARBOR HOSPICE

Occupation (for Individual)
RN

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2016

Transaction ID : SA11AI.19785

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.01

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.19749

0111973-0000108

Form/Schedule: SA11AI

Transaction ID: SA11AI.19699

0027760-0000063

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.19785
0038656-0000138

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPEED, LAKE, C, ,

Mailing Address 4025 OLD SALISBURY CONCORD RD

City
KANNAPOLIS

State
NC

Zip Code
28083

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
REAL ESTATE MANAGER

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 13 / 2016

Transaction ID : SA11AI.19683

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPEED, LAKE, C, ,

Mailing Address 4025 OLD SALISBURY CONCORD RD

City
KANNAPOLIS

State
NC

Zip Code
28083

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
REAL ESTATE MANAGER

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 13 / 2016

Transaction ID : SA11AI.19684

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STEINBERG, TAMMY, E, MRS,

Mailing Address 101 WINDINGHAM DR NW

City
HUNTSVILLE

State
AL

Zip Code
35806

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HARRO APOTHEPHY

Occupation (for Individual)
HOMEMAKER

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2016

Transaction ID : SA11AI.19745

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.19683
0027438-0000049

Form/Schedule: SA11AI
Transaction ID: SA11AI.19684
0027438-0000050

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.19745
0011951-0000104

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STEPHENSON, GLENN, , MR,

Mailing Address 1407 GUSMUS AVE

City
MUSCLE SHOALS

State
AL

Zip Code
35661

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2016

Transaction ID : SA11Al.19743

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STILSON, BARBARA, , MRS,

Mailing Address 26501 BROKEN BIT LN

City
LAGUNA HILLS

State
CA

Zip Code
92653

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
HOMEMAKER

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2016

Transaction ID : SA11Al.19988

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STIMPSON, FRED, T, MR,

Mailing Address 15 HILLWOOD RD

City
MOBILE

State
AL

Zip Code
36608

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CANFOR

Occupation (for Individual)
PRESIDENT

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2016

Transaction ID : SA11Al.19751

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.19743
0103916-0000102

Form/Schedule: SA11AI
Transaction ID: SA11AI.19988
0016854-0000314

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.19751

0101392-0000110

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STOLTZ, RANDALL, , MR,

Mailing Address 15401 N 45TH PL

City
PHOENIXState
AZZip Code
85032FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
WEALTH BROKER

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 19 / 2016

Transaction ID : SA11AI.19943

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STRANDNESS, DOUGLAS, D, MR,

Mailing Address 727 SUMMIT AVE

City
SAINT PAULState
MNZip Code
55105FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DUNBAR STRANDNESS INCOccupation (for Individual)
BUSINESS OWNER

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 18 / 2016

Transaction ID : SA11AI.19813

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STUDE, STEPHEN, , MR,

Mailing Address 32797 820TH ST

City
BREWSTERState
MNZip Code
56119FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYEDOccupation (for Individual)
FARMER

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 05 / 2016

Transaction ID : SA11AI.19826

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

175.00

TOTAL This Period (last page this line number only).....▶

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.19943
0108191-0000270

Form/Schedule: SA11AI
Transaction ID: SA11AI.19813
0107177-0000161

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.19826

0006116-0000171

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 96
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SWISHER, MARK, , MR,

Mailing Address 24902 N POINT PL

City
KATY

State
TX

Zip Code
77494

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AVIARA ENERGY CORPORATION

Occupation (for Individual)
ENGINEER

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2016

Transaction ID : SA11AI.19902

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TRACY, CLIFFORD, F, MR,

Mailing Address 19361 BROOKHURST ST SPC 148

City

HUNTINGTON BEACH

State

CA

Zip Code

92646

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2016

Transaction ID : SA11AI.19986

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VANDERPOOL, MILTON, , MR,

Mailing Address 3215 TEAKWOOD DR

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMERICAN PLUMBING CO

Occupation (for Individual)
PLUMBING CONTRACTOR

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2016

Transaction ID : SA11AI.19882

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.19902
0048257-0000233

Form/Schedule: SA11AI
Transaction ID: SA11AI.19986
0100452-0000311

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.19882

0108632-0000215

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WARREN, JIMMY, D, MR,

Mailing Address 155 ALAMEDA DR

City
MERRITT ISLAND

State
FL

Zip Code
32952

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFO REQUESTED- NOT RECD

Occupation (for Individual)

INFO REQUESTED- NOT RECD

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2016

Transaction ID : SA11AI.19722

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WEISERT, JIM, M, MR,

Mailing Address 6535 E SANTA AURELIA

City
TUCSON

State
AZ

Zip Code
85715

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PROVIDENCE THREE

Occupation (for Individual)
SELF EMPLOYED

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2016

Transaction ID : SA11AI.19951

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. YOUNG, MARK, A, MR,

Mailing Address 20600 SW CITRUS BLVD

City
INDIANTOWN

State
FL

Zip Code
34956

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TROPIC AIRPOWER

Occupation (for Individual)
PRESIDENT

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.19737

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

245.00

10690.01

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.19722
0102819-0000086

Form/Schedule: SA11AI
Transaction ID: SA11AI.19951
0104406-0000278

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.19737

0102836-0000097

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 OF 96
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SAIC

Mailing Address P.O. BOX 43006

City
PROVIDENCE

State
RI

Zip Code
02940

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 13 / 2016

Transaction ID : SA17.20077

Amount of Each Receipt this Period

8.00

☐ Memo Item
INTEREST INCOME

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8.00

8.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 85 OF 96

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. 1st VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City
FAIRFAXState
VAZip Code
22030Purpose of Disbursement
BANK FEES

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 04 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.20047**

Amount of Each Disbursement this Period

39.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 299051

City
FT. LAUDERDALEState
FLZip Code
33329Purpose of Disbursement
BANK FEE

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 03 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.20046**

Amount of Each Disbursement this Period

7.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. BOX 299051

City
FT. LAUDERDALEState
FLZip Code
33329Purpose of Disbursement
BANK FEES

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 05 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.20051**

Amount of Each Disbursement this Period

263.51

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

311.42

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. AUTHORIZE.NET

Mailing Address P.O. BOX 8999

City
SAN FRANCISCOState
CAZip Code
94128Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 10 | | | 04 | | | 2016 | | | | | |

FEC Identification Number

C **Transaction ID : SB21B.20050**

Amount of Each Disbursement this Period

 59.91☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address 2800 S Quincy St.

City
ArlingtonState
VAZip Code
22206Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 10 | | | 13 | | | 2016 | | | | | |

FEC Identification Number

C **Transaction ID : SB21B.20052**

Amount of Each Disbursement this Period

 1056.17☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CASTLE STRATEGIES

Mailing Address 11105 HARROWFIELD ROAD

City
CHARLOTTEState
NCZip Code
28226Purpose of Disbursement
PAC SOCIAL MEDIA CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 10 | | | 07 | | | 2016 | | | | | |

FEC Identification Number

C **Transaction ID : SB21B.20053**

Amount of Each Disbursement this Period

 2500.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶ 3616.08

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. DEER PARK

Mailing Address P.O. BOX 52271

City
PHOENIXState
AZZip Code
85072Purpose of Disbursement
OFFICE EXPENSE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 10 | | | | 07 | | | | 2016 | | | | | |

FEC Identification Number

C**Transaction ID : SB21B.20055**

Amount of Each Disbursement this Period

21.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City
MEMPHISState
TNZip Code
28101Purpose of Disbursement
SHIPPING COSTS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 10 | | | | 07 | | | | 2016 | | | | | |

FEC Identification Number

C**Transaction ID : SB21B.20056**

Amount of Each Disbursement this Period

22.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City
MEMPHISState
TNZip Code
28101Purpose of Disbursement
SHIPPING COSTS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 10 | | | | 19 | | | | 2016 | | | | | |

FEC Identification Number

C**Transaction ID : SB21B.20058**

Amount of Each Disbursement this Period

21.70

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

65.57

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. HELLER INFORMATION SERVICES

Mailing Address 30 W GUDE DR, #220

City
ROCKVILLEState
MDZip Code
20850Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 19 | | 2016 |

FEC Identification Number

C

Transaction ID : SB21B.20060

Amount of Each Disbursement this Period

211.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. IRON MOUNTAIN

Mailing Address P.O. BOX 27128

City
NEW YORKState
NYZip Code
10087Purpose of Disbursement
STORAGE FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 19 | | 2016 |

FEC Identification Number

C

Transaction ID : SB21B.20061

Amount of Each Disbursement this Period

356.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LPS

Mailing Address P.O. BOX 2325

City
FAIRFAXState
VAZip Code
22031Purpose of Disbursement
PAC DATA PROCESSING SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 07 | | 2016 |

FEC Identification Number

C

Transaction ID : SB21B.20073

Amount of Each Disbursement this Period

79.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

647.44

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. LPS

Mailing Address P.O. BOX 2325

City
FAIRFAXState
VAZip Code
22031Purpose of Disbursement
PAC DATA PROCESSING SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 19 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.20074**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LPS

Mailing Address P.O. BOX 2325

City
FAIRFAXState
VAZip Code
22031Purpose of Disbursement
PAC DATA PROCESSING SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 19 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.20076**

Amount of Each Disbursement this Period

424.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. OFFICE SHREDDING

Mailing Address 6500 KANE WAY

City
ELKRIDGEState
MDZip Code
21075Purpose of Disbursement
OFFICE EXPENSE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 19 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.20062**

Amount of Each Disbursement this Period

50.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

574.62

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 90 OF 96

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. VERIZON

Mailing Address P.O. BOX 17577

City
BALTIMOREState
MDZip Code
21297Purpose of Disbursement
TELEPHONE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 10 | | | 19 | | | 2016 | | | | | |

FEC Identification Number

C**Transaction ID : SB21B.20063**

Amount of Each Disbursement this Period

415.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VIRAG, DEAN, , ,

Mailing Address 14511 RILLHURST DR

City
CULPEPERState
VAZip Code
22701Purpose of Disbursement
PAC WEBSITE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 10 | | | 07 | | | 2016 | | | | | |

FEC Identification Number

C**Transaction ID : SB21B.20054**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VOTER VOICE LLC

Mailing Address P.O. BOX 82130

City
BATON ROUGEState
LAZip Code
70884Purpose of Disbursement
PAC DUES AND SUBSCRIPTIONS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 10 | | | 19 | | | 2016 | | | | | |

FEC Identification Number

C**Transaction ID : SB21B.20064**

Amount of Each Disbursement this Period

3060.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3975.83

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | |
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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City
CHANTILLYState
VAZip Code
20151Purpose of Disbursement
PAC CAGING AND DATA ENTRY SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

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| M M | / | D D | / | Y Y Y Y Y Y |
| 10 | | 19 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.20071**

Amount of Each Disbursement this Period

520.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WEBSTER CHAMBERLAIN & BEAN

Mailing Address 1747 PENNSYLVANIA AVE NW

City
WASHINGTONState
DCZip Code
20006Purpose of Disbursement
PAC LEGAL FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

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| M M | / | D D | / | Y Y Y Y Y Y |
| 10 | | 19 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.20070**

Amount of Each Disbursement this Period

164.47

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

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| M M | / | D D | / | Y Y Y Y Y Y |
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FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

684.75

9875.71

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 92 OF 96

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AMERICA DIRECT

Nature of Debt (Purpose):

PAC DIRECT MAIL PRODUCTION

Mailing Address 1272 CORPORATE PARK DR

City
FORESTState
VAZip Code
24511

Outstanding Balance Beginning This Period

2955.31

Transaction ID : SD10.4357

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2955.31

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DIRECTECH

Nature of Debt (Purpose):

**CAGING AND DATA PROCESSING
SERVICES**

Mailing Address 8595 GROVEMONT CIRCLE

City
GAITHERSBURGState
MDZip Code
20877

Outstanding Balance Beginning This Period

223.11

Transaction ID : SD10.4359

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

223.11

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LPS

Nature of Debt (Purpose):

PAC DATA PROCESSING SERVICES

Mailing Address P.O. BOX 2325

City
FAIRFAXState
VAZip Code
22031

Outstanding Balance Beginning This Period

100.00

Transaction ID : SD10.19592

Amount Incurred This Period

0.00

Payment This Period

100.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3178.42

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 93 OF 96

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LPS

Nature of Debt (Purpose):

PAC DATA PROCESSING SERVICES

Mailing Address P.O. BOX 2325

City

FAIRFAX

State

VA

Zip Code

22031

Outstanding Balance Beginning This Period

0.00

Transaction ID : **SD10.20072**

Amount Incurred This Period

79.00

Payment This Period

79.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LPS

Nature of Debt (Purpose):

PAC DATA PROCESSING SERVICES

Mailing Address P.O. BOX 2325

City

FAIRFAX

State

VA

Zip Code

22031

Outstanding Balance Beginning This Period

0.00

Transaction ID : **SD10.20075**

Amount Incurred This Period

424.62

Payment This Period

424.62

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MWM DIRECT MARKETING SERVICES

Nature of Debt (Purpose):

PAC DIRECT MAIL

Mailing Address 8048 HILLRISE COURT

City

ELKRIDGE

State

MD

Zip Code

21075

Outstanding Balance Beginning This Period

2320.90

Transaction ID : **SD10.4361**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2320.90

1) **SUBTOTALS** This Period This Page (optional)..... ►

2320.90

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 94 OF 96

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

STEPHENSON PRINTING INCNature of Debt (Purpose):
DIRECT MAIL POSTAGE

Mailing Address 5731 GENERAL WASHINGTON DRIVE

City
ALEXANDRIAState
VAZip Code
22312

Outstanding Balance Beginning This Period

0.30

Transaction ID : SD10.16859

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.30

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

WASHINGTON INTELLIGENCE BUREAUNature of Debt (Purpose):
PAC CAGING AND DATA PROCESSING
SERVICES

Mailing Address 4128 PEPSI PLACE

City
CHANTILLYState
VAZip Code
20151

Outstanding Balance Beginning This Period

520.28

Transaction ID : SD10.19593

Amount Incurred This Period

0.00

Payment This Period

520.28

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.30

2) **TOTALS** This Period (last page this line number only)..... ►

5499.62

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

5499.62

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 95 OF 96
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|--------------------|--|---|--|
| NAME OF COMMITTEE (In Full) CAMPAIGN FOR WORKING FAMILIES | | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00325076 </div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | | | | |
| Full Name of Payee <input type="checkbox"/> Memo Item AMERICAN VALUES | | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 2800 S SHIRLINGTON RD #950 | | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1676.08</div> | |
| City ARLINGTON | | State VA | | Zip Code 22206 | |
| Purpose of Expenditure PAC LIST RENTAL 10/10/16 TO 10/19/16 | | | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | |
| Name of Federal Candidate: TRUMP, DONALD J, , | | | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2146.08</div> | | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |
| Full Name of Payee <input type="checkbox"/> Memo Item AMERICAN VALUES | | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 2800 S SHIRLINGTON RD #950 | | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1676.08</div> | |
| City ARLINGTON | | State VA | | Zip Code 22206 | |
| Purpose of Expenditure PAC LIST RENTAL 10/10/16 TO 10/19/16 | | | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | |
| Name of Federal Candidate: CLINTON, HILLARY RODHAM, , | | | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3822.16</div> | | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">3352.16</div> </div> </div> | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div> | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div> | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Velez, Dorie, ,</u> | | | | Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| [Electronically Filed] | | | | Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">27</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div> | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 96 OF 96
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|--------------------|--|--|--|
| NAME OF COMMITTEE (In Full) CAMPAIGN FOR WORKING FAMILIES | | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00325076 </div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee <input type="checkbox"/> Memo Item PR NEWSWIRE | | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 08 / 2016</div> | |
| Mailing Address P.O. BOX 5897 | | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">235.00</div> | |
| City NEW YORK | | State NY | | Zip Code 10087 | |
| Purpose of Expenditure PAC PRESS RELEASE | | | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | |
| Name of Federal Candidate: TRUMP, DONALD J, , , | | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">470.00</div> | | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |
| Full Name of Payee <input type="checkbox"/> Memo Item | | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> | |
| Mailing Address | | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| City | | State | | Zip Code | |
| Purpose of Expenditure | | | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| Name of Federal Candidate: | | | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">235.00</div> |
| (a) SUBTOTAL of Unitemized Independent Expenditures | ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (a) TOTAL Independent Expenditures | ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">3587.16</div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Veleziz, Dorie, , ,
[Electronically Filed]

Signature _____ Date

M M / D D / Y Y Y Y Y Y

10 / 27 / 2016